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BOARD OF PATENT APPEALS AND INTERFEREN	THE Docket Number (Optional)
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Assistant Commissioner for Patents, Washington D.C. 20231" on October 24, 2002 Signature Typed or printed name David C. Ripma, #27,672	In re Application of APOSTO(OS UOUTSAS APPLICATION Number Filed Filed For METHOD FOR FORMING SILICON FILMS WITH TRACE IMPURITIES Group Art Unit Examiner 2829 APON C. L.
Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the	
The fee for this Notice of Appeal is (37 CFR 1.17(b)) Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Commissioner has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet. The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 19-1457. I have enclosed a duplicate A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.	
am the	formation and authorization on PTO-2038.
applicant/inventor.	
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)	Signature
attorney or agent of record.	Gerald Maluzzanal
attorney or agent acting under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a).	Typed or printed name
NOTE: Signatures of all the inventors or assignees of record of the en multiple forms if more than one signature is required, see below*.	Date Tire interest or their representative(s) are required. Submit
*Total offorms are submitted.	

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